BEACH CITIES ENTS
EAR NOSE THROAT SURGEONS

SINUS QUESTIONAIRRE

Do you have nasal blockage or congestion? YES NO

Do you have a runny nose? YES NO

Do you have sinus pressure headaches or pain? YES NO

Does feel pressure in your face? YES NO

Do you have facial pain? YES NO

Do you have postnasal drip or phlegm in your throat? YES NO

Do you have difficulty with smell? YES NO

Do you have decreased taste? YES NO

Do you frequently clear your throat? YES NO

Do you need to blow your nose often? YES NO

Do you have a persistent cough? YES NO

Do you have ear fullness? YES NO

Do you have fatigue? YES NO

Are you embarrassed due to your sinus problems? YES NO

Are you sad, frustrated, or irritable due to these problems? YES NO

Do you have difficulty with physical activity due to your nose? YES NO

Do you have difficulty sleeping due to your sinus problems? YES NO

If you answer YES for many of these questions or
your Epworth Sleepiness Scale > 15 and
you would like to feel better,
Schedule an appointment
by clicking the link on the top right corner of the web page

20911 Earl Street, Suite 340 Torrance, CA 90503 Tel (310) 540-2111 Fax (310) 944-9295 www.BeachCitiesENTS.com